

Advanced Training Institute – Chennai

Application form for the Assessors Competency Evaluation (ACE) of
Assessors sponsored by **AER SKILLS** Assessing Body.

Paste Self
Attested
Photo

Module Name: _____

Details of the Modules already qualified (if any)

S. No	Name of the Module already passed	Name of the Institute from where qualified	Letter #

Details of DD No: _____	Amount Rs: _____
Name of the Bank Issuing DD/IPO: _____	Date: _____

1. Name of the Assessor : _____
2. Father & Mother Name : _____
3. Age & Date of Birth : _____
4. Address for correspondence : _____
5. Email Id & Phone no : _____
6. Category (Gen/SC/ST/OBC..) : _____
7. Qualification (Academic and Professional) : _____

Exam Passed	Year of Passing	Name of University/ Board	Marks Obtained	Max Marks	%age to 2 decimals
Matric/ high school					
10+2					
BA/BCA/Degree					
NTC/ NAC					
Degree / Diploma					
Master Degree					

8. Experience

Name of the Industry/ Institute	Designation	From – To	Experience in months

I solemnly declare and affirm that the above particulars and statement is correct and true to the best of my knowledge & belief. I understand that my candidature for evaluation can be cancelled if any information submitted by me found incorrect or false at any stage during training.

Place:

Date:

Signature of Assessor